



MISSOURI DEPARTMENT OF NATURAL RESOURCES
LAND RECLAMATION COMMISSION
COMPANY INFORMATION SECTION

P.O. BOX 176
JEFFERSON CITY, MO 65102

PAGE

OF

I. COMPANY INFORMATION – 10 CSR 40-10.020(2)(A)8.

A. The applicant is a:

☐ Corporation ☐ Partnership ☐ Single Proprietorship ☐ Association or ☐ Other (Specify): _____

In order to receive a permit from the Land Reclamation Commission to conduct commercial surface mining, the applicant must be registered with the Secretary of State.

B. List the applicant and every person associated with the applicant in a management function responsible for compliance with sections 444.500 to 444.790 RSMo. The definition of "person associated with the applicant in a management function" means any proprietorship, subsidiary, corporation, parent corporation, sister corporation, successor corporation, or the applicant's officers and directors if the applicant is a corporation, and includes all partners if the applicant is a partnership.

☐ If no other individuals or companies are associated with the applicant, please check the box at the left, and continue on to Section II – PERMIT INFORMATION FORM.

NAME	TELEPHONE NUMBER
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BUSINESS ALIAS (IF ANY)	STREET ADDRESS
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CITY	STATE	ZIP CODE
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OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	PERCENT OWNER (OPTIONAL)	TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF
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BEGINNING DATE OF TERM	ENDING DATE OF TERM
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NAME	TELEPHONE NUMBER
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BUSINESS ALIAS (IF ANY)	STREET ADDRESS
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CITY	STATE	ZIP CODE
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OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	PERCENT OWNER (OPTIONAL)	TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF
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NAME	TELEPHONE NUMBER
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BUSINESS ALIAS (IF ANY)	STREET ADDRESS
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CITY	STATE	ZIP CODE
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BUSINESS ALIAS (IF ANY)	STREET ADDRESS
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CITY	STATE	ZIP CODE
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OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	PERCENT OWNER (OPTIONAL)	TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF
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BEGINNING DATE OF TERM	ENDING DATE OF TERM
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II. PERMIT INFORMATION – 10 CSR 40-10.020(2)(A)7.

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List every permit that has been held by the applicant and any entity that is listed in the COMPANY INFORMATION FORM. This means a permit issued only by the Missouri Department of Natural Resources, Land Reclamation Commission including those which may have been revoked, suspended, expired or bond released.

☐ **If no other permits have been issued by the Land Reclamation Commission to the applicant or any other entity associated with the applicant, please check the box at the left, sign the last page of COMPANY INFORMATION SECTION and have the signature notarized.**

NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	
NAME OF PERMIT HOLDER	PERMIT NUMBER
COMPANY NAME ON PERMIT	



III. NOTARIZED SIGNATURE

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OF

NOTE: This form is required with each new permit or when transferring an existing permit or if one has never been completed or if there is a change in management positions.

By signing this form the applicant verifies that all information contained in the **COMPANY INFORMATION SECTION** forms is correct, complete, and true to the best of your knowledge.

Please mail the completed **COMPANY INFORMATION SECTION** to:

**Missouri Department of Natural Resources
Land Reclamation Program
P.O. Box 176
Jefferson City, MO 65102-0176**

COMPANY NAME		LAND RECLAMATION PERMIT NUMBER	
SIGNATURE OF APPLICANT		TITLE	DATE
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF YEAR		
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)			
APPROVED BY (DIRECTOR'S REPRESENTATIVE)		DATE APPROVED	PERMIT NUMBER